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ABSTRACT

This report discusses the results of a qualitative evaluation of the Maternal Infant Health Outreach Worker (MIHOW) project which served over 500 low-income women from 1982 through 1990. The MIHOW project provides outreach services to low-income families in rural communities in Tennessee, Kentucky, Virginia, and West Virginia. Working in partnership with Vanderbilt University, locally based community organizations provide training and supervision to local women leaders, all of whom are uniquely qualified to support their peers and to implement high quality child development services. Forty-six participants responded to open-ended questions which were defined through focus groups. The report describes the poverty of the participants and their lack of education, health care, and employment. The extended family is often a source of support for mothers, but if the mother is unmarried, she is often rejected by her family. Although fathers are not active in the program, they show some interest in becoming involved. The MIHOW worker is able to develop and maintain a relationship with the client because of a shared history, sound information, confidentiality, and a warm personality. The MIHOW project has impacted participants in the following ways: (1) combatting isolation and loneliness; (2) developing a relationship with a caring person (the MIHOW worker); (3) fostering assertiveness; (3) improving self-esteem and goal setting; (4) making sounder health decisions for both mother and child; (5) improving children's skills; and (6) helping parents to gain insights into their children's behavior. Recommendations focus on relationships between workers and mothers, education and work needs, and additional group sharing meetings for participants. Numerous black and white photographs illustrate the text. Study questions are appended. (KS)

Against The Odds:
Parenting In Disadvantaged Communities

A Report To The
Bernard Van Leer Foundation

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AGAINST THE ODDS:
PARENTING IN DISADVANTAGED COMMUNITIES

A REPORT TO THE
BERNARD VAN LEER FOUNDATION

BARBARA CLINTON, DIRECTOR
CENTER FOR HEALTH SERVICES
VANDERBILT UNIVERSITY
FOR
THE MATERNAL INFANT HEALTH
OUTREACH WORKER PROJECT,
THE APPALACHIA PROJECT

NOVEMBER 1, 1990

Many, many people contributed to this report. At its heart are women and men raising children under extraordinarily difficult conditions. Sometimes in sadness, but most often in admiration, we listened as they shared their experiences. Many welcomed us again when we came with cameras to capture their strength – and their beautiful children – on film.

Paul Elwood organized our efforts in the early stages. Linda Stein, Marian Colette, Shirley Bragg, Joyce Taylor, Minnie Bommer, Tilda Kemplen, LaVerne Brown, and Carol Greear were his colleagues and co-conspirators. Kathy Skaggs and Monica Kelly Appleby kept the momentum going during the lengthy process of analysis and writing. Kelen Taylor cheerfully met each deadline. Each of these people lived and breathed this project. They, the participants, the evaluators, and the analysts listed on the following page offered insights from their hearts as well as their heads. While responsibility for errors and omissions in the report is mine, the story it tells belongs to them.

Barbara Clinton

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The New River Family Health Center
The Tug River Clinic
Tri-County Children and Family Services, Inc.
Western Lee County and St. Charles Clinics
Whitley County Communities for Children

and
mothers, fathers and grandmothers in

Campbell County, Tennessee
Fayette County, West Virginia
Haywood County, Tennessee
Lee County, Virginia
McDowell County, West Virginia
Scott County, Virginia
Tipton County, Tennessee
Whitley County, Kentucky

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INTRODUCTION

America's tremendous wealth and ample resources provide a myriad of opportunities for its citizens. But many children from low income, rural families face barriers that block them from enjoying those opportunities. Mississippi Delta and Appalachian children face an especially acute set of problems. They are growing up in communities where entrenched poverty and unemployment have long been a fact of life and where economic forecasts remain quite bleak. Poverty is the norm. Yet even in these hard pressed communities families struggle to provide not only food and shelter, but health care, learning experiences, love, and hope for their children.

Shaped by the effects of regional poverty, the design and implementation of the MIHOW project was inextricably linked to the strengths of particular communities, organizations, and even individuals. Each of the communities had a tradition of activism that led to the development of community-based organizations and services. These community-based organizations–a child care center, three clinics, and three multi-service grassroots agencies–were the backbone of the local work in these very poor communities.

The strategy of organizing women to reach out to other women builds on the strengths of rural communities. Traditions of helping and supporting have deep roots here, sustained by networks of family ties and by the stability and homogeneity of these sparsely populated communities. Periods of political activism have also shaped the southern rural experience. For the communities in the mountains, a history of union organizing in the coal mines is part of the local heritage. Minority communities in west Tennessee draw on a tradition of civil rights struggle which has left personal memories of the rewards of community mobilization. These traditions of helping and mobilizing are built into the program.

Although little research has been done on parenting styles in the rural South, we know that parenting is not easy in these communities. The challenge of bringing a new life into the world becomes even more complicated if the parent is young, geographically isolated, and has limited education. The first few years of life should provide the child with a healthy, warm, and stimulating environment, so that each child can reach his or her full potential. All children deserve a fair start in life, and the fair start begins prenatally with a mother who is well cared for and well nourished. This report describes the energy and talents of rural women and families coping with the damaging effects that poverty has on family life.

The Maternal Infant Health Outreach Worker (MIHOW) project is a network of rural family support programs in Tennessee, Kentucky, Virginia, and West Virginia. A detailed description of the sites begins on page three.

Working in partnership with Vanderbilt University, locally based organizations provide training and supervision to women leaders. These local organizations–grassroots service or advocacy organizations, clinics or child care centers–recruit a local woman leader as the first Maternal Infant Health Outreach Worker. She must be part of the natural helping network of women in her community. The outreach workers are advocates as well as educators. As they are trained and become experienced, they recruit and supervise natural helpers who are also local women. All are active mothers. They work with low-income, high-risk pregnant women, before and after childbirth, helping them use available services and improve their parenting skills. As local women leaders, the outreach workers are uniquely suited to provide support to their peers, the lowest income women in low-income

rural communities.

Although the program cannot eradicate the consequences of poverty, it enables talented women to help their peers make the most of limited resources and to encourage them in sound child development practices. The MIHOW project has demonstrated impact in promoting sound health care practices during pregnancy and improved infant feeding practices during the first few years of life. Earlier assessments of the MIHOW project also demonstrated that the project's paraprofessional home visitors improved the quality of home environment provided to rural low-income children. We hope that MIHOW children will translate their enriched early childhood experiences into greater success in learning as they grow older and enter school. Additionally, we suspect that the project teaches MIHOW mothers that they can be more successful people, causing their confidence in themselves to increase as their parenting skills grow.

In this study we wanted to learn whether the program helped participants see their futures in a different way. Having completed a lengthy technical analysis of the program, now we hoped to describe its context with impact expressed in terms of empowerment. Since our earlier work examined behavioral changes in families from the outside in, now we hoped to learn how families and parents saw themselves. Did they embrace their roles as advocates for their child's welfare? Did they see themselves on a path to personal as well as community improvement?

As a living and growing entity the project must listen to and understand the voices of its participants. When Beth Jones of the Bernard van Leer Foundation suggested that we conduct an evaluation that was qualitative in nature, we seized the opportunity to chronicle the life experiences of men and women struggling to raise children often without even their most basic material and social needs met. The first half of this report describes the stresses low-income rural families face, and the coping skills many have adopted. Beginning on page eight we identify qualitative evidence of the project's impact on these young families.

How We Did This Study

The first step of the process was to formulate the study questions. To do this we organized a series of focus groups with staff and participants to help us gather preliminary information.

A focus group is a personal interview that is conducted with a small group of people. It relies on group discussion, and questions are rarely directed at any one individual. The major assumption of the technique is that people who share a common life situation or problem will find it easier to discuss the situation within a secure setting that includes others who share the same situation. The early focus groups gave us rich insights. They were crucial in helping us to define the research questions we examined later.

The original plan had five phases:

Phase 1. Planning the study: Dr. Paula Mergenhagen, a Vanderbilt University sociologist, conducted the first focus groups in the spring of 1989. She visited several sites and met with staff and project participants to formulate the original evaluation questions. She explored people's histories including their memories of mother/father and how they acted toward each other and toward the children. She asked the women to compare their lives with those of their mothers. She asked them to compare the communities they live in today with their memory of the community they grew up in. From responses to these questions we formulated the questions to be used during the study. (See Appendix.)

Phase 2. Data gathering in Appalachian sites: Working with Beth Degutis, a doctoral student at the University of

Tennessee in Knoxville, we developed a strategy for a series of fourteen interviews conducted at three mountain sites. Ms. Degutis spent the summer of 1989 visiting sites, talking with clients and workers. In early fall she transcribed her interviews and completed a preliminary report which, along with Dr. Jefferies work, forms the basis for this evaluation.

Phase 3. Data gathering in west Tennessee: Our next step was to conduct focus groups and interviews with women in this rural site where we suspected black participants and workers experienced a culture different from the Appalachian sites. We arranged for Dorothy Jefferies, an educational psychologist from the nearest city, Memphis, to expand the work she was already doing with low income teenagers in our rural community. Dr. Jefferies conducted one focus group with six project participants and another with project workers. She also interviewed five mothers involved in the project in individual sessions.

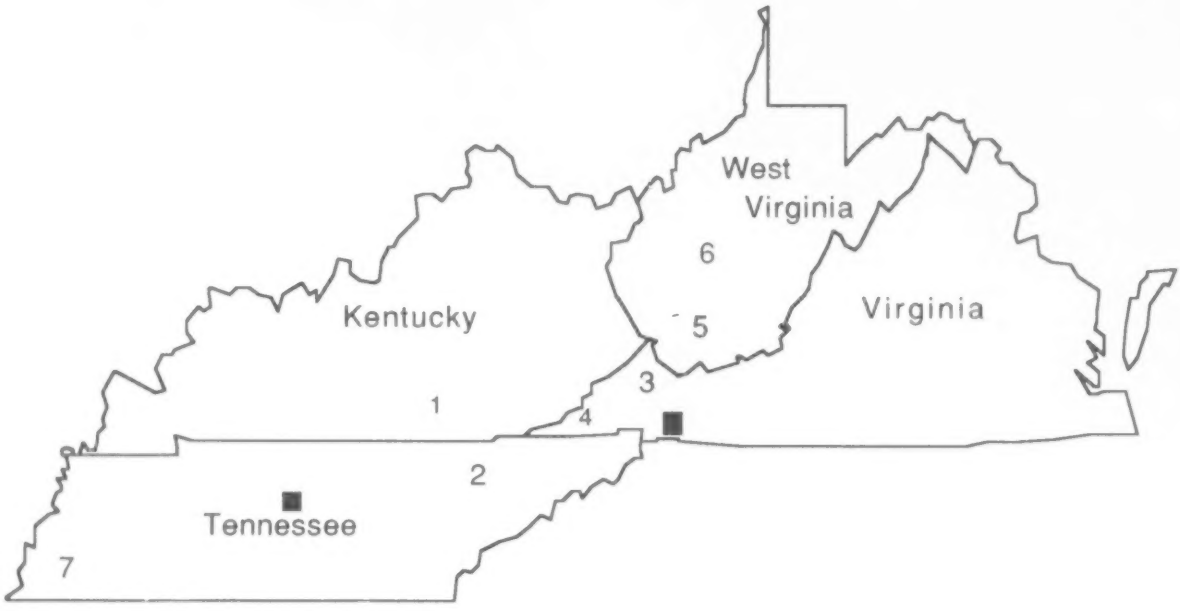
Phase 4. Understanding worker contributions: Catherine Pettinari, Research Director of the Institute for Maternal and Child Health at Wayne State University in Detroit hoped to gather information on the special qualities that indigenous workers bring to their relationships with mothers. This work was to follow up on a presentation we had made to a Wayne State University conference on "Indigenous Health Care Workers: Maternal-Child Health Programs for the 90s". She conducted two group interviews with MIHOW staff from the two Virginia sites. Data from the interviews added to our knowledge about how workers understand their roles and the families they visit.

Phase 5. Compiling and analyzing the information: With the reports of Mergenhagen, Jefferies, Degutis, and Pettinari in hand, we developed an evaluation summary and sent it to staff members at all of the sites. In the fall of 1989 at a central training session in east Tennessee, staff and consultants critiqued this earliest part of the work. From this came a new outline for what the ultimate evaluation would look like.

While some information continued to be collected at this stage, the task now became primarily one of organization and self-examination. We called on Mary Lamer of Ann Arbor, Michigan to help us through the next stages of the process. Working with Kathy Skaggs, the project's new director, we devised an outline that stressed the strengths of the families and the constraints that poverty put on their parenting. Later, Paul Elwood, who had helped design the original project, and Sherry Loller perfected the earliest writing that had been done by Angel Rubio. Monica Kelly Appleby and Dawn Scott of the Clinch River Educational Center, and Joyce Taylor, Willie Mae Taylor and Dianne Wynn of Tri-County Children and Family Services, provided the photographs. Lori W. Hamm, of the Clinch River Educational Center, designed the final layout.

Between the spring of 1989 and the summer of 1990 a total of twenty-five women participated in six focus groups. In addition, twenty-one women were interviewed individually. Drafts and preliminary reports were read and discussed by thirty-five field staff members who added new insights and deepened our understanding of what program participants were saying. The project supervisors and evaluation consultants helped organize the material. Site coordinator, Paul Elwood, and Center for Health Services director, Barbara Clinton, shared responsibility for planning, reviewing, and revising the early drafts. The final version was organized and written by Barbara Clinton.

Maternal and infant education in deprived communities in Appalachia



Active Sites

1. Whitley County Communities for Children
   Whitley County, Kentucky
2. Mountain Communities Child Care Development Center
   Campbell and Claiborne Counties, Tennessee
3. St. Charles and Western Lee County Clinics
   Lee County, Virginia
4. Dungannon Development Commission
   Scott County, Virginia
5. Tug River Clinic
   McDowell County, West Virginia
6. New River Family Health Centers
   Fayette County, West Virginia
7. Tri-County Children and Family Services, Inc
   Haywood and Tipton Counties, Tennessee

Program Coordination:

- Clinch River Education Center
  Abingdon, Virginia
- Vanderbilt Center for Health Services
  Nashville, Tennessee

THE PROJECT SITES

1. The westernmost site, in Haywood and Tipton counties, Tennessee, is strikingly different from the other sites in its geography and its culture. Although only sixty miles from the city of Memphis, these counties are very rural. The population is sparse and about evenly divided between African Americans and whites, although the MIHOW project operates almost exclusively in the African American community. Located in the flat agricultural land of the Mississippi Valley, the area's economy is based largely on row crops. The soybean crop now rivals the cotton that once dominated the region's economy. Work at this site is sponsored by Tri-County Children and Family Services, Inc., an agency begun by local grassroots leaders to address the needs of low-income rural families.

2. Williamsburg, Kentucky, was a bustling regional center for the coal industry in the earlier part of the century. Now the local coal industry has been reduced to smaller scale, less efficient truck mining operations. A few manufacturing plants have moved in over the past twenty years to provide some semi-skilled jobs, but factory jobs are too few in number and too low-paying to replace the booming coal industry of the 1950s. As a result, this area, like neighboring Campbell County in Tennessee, has been economically depressed much longer than many American coal mining communities that did not see the beginning of a long-term decline until the 1980s. Whitley County Communities for Children was begun during the course of the project to address the needs of rural families and sponsors the project in this county.

3. Campbell County, Tennessee, is the home of the Mountain Communities Child Care Development Center. It is located in the tiny settlement of White Oak. The Cumberland Mountain separates the more populous southern half of the county from the isolated rural communities in the north. White Oak lies to the north of "the mountain," and the program there serves northern Campbell County with some spillover into Claiborne County immediately to the east of White Oak. The area reminds one of the traditional media descriptions of Appalachia. The roads are narrow, the mountains beautiful, and there is poverty wherever you look. There is a rich Native American heritage in the population.

4. Lee County is a secluded rural area in western Virginia, circumscribed by mountains in an isolated part of southern Appalachia. There is only one road into the county from the west and only one road into the county from the north. For more than a century the economy has depended upon extractive industries, such as coal, oil, limestone, and timber, along with a residual form of subsistence agriculture. Lee County is the poorest political division in the Commonwealth of Virginia. Among the ninety-five Virginia counties, Lee County has the highest percent of families living in poverty. Fifty-five percent of the people between the ages of sixteen and sixty-five are chronically unemployed, disabled, or have never been employed. Some seven thousand people in Lee County have no income at all or subsist on welfare–food stamps, ADC payments, rental assistance, or SSI payments–that barely keep body and soul together. Health care is accessible to many of the poor and unemployed, thanks to the two community clinics that sponsor the project, the Western Lee County Clinic and the St. Charles Clinic.

5. Scott County, Virginia, is more mountainous and more isolated than Lee County. The project's base is in the village of Dungannon, twenty-one miles from the county seat over winding mountain roads. This isolation from the rest of the county has created a strong

sense of community, and in 1979 the people of Dungannon began a long-term effort to revitalize this once prosperous community. A group of concerned citizens founded the Dungannon Development Commission, a nonprofit community development corporation. In addition to sponsoring the MIHOW project, the DDC offers a wide range of community education services for children and adults in this economically stressed county.

6. McDowell County, West Virginia, where the Tug River Clinic in Gary is located, is deep in the heart of the coal fields. The terrain is severe, with sharp valleys in which every flat space is utilized for buildings, roads, or train tracks. The economic downturn in Appalachia in the 1980s was particularly severe in McDowell County. U.S. Steel had employed over three thousand workers in its mining operations immediately around Gary in the early part of the decade. By the spring of 1988, only about thirty men were at work in the one remaining active mine. The Tug River Clinic is run by a board of community members. They have expanded the clinic's use of local natural helpers significantly over the years of the project.

7. Work at the easternmost site was sponsored by the New River Family Health Center at Scarbro in Fayette County, West Virginia. Like most of central Appalachia, Fayette County has traditionally gained its livelihood from coal mining. The interstate highway goes through the county and the terrain is not as severe as it is to the south and west, so that alternatives to coal mining have developed somewhat more fully than in other areas. Poverty and a limited number of health care providers willing to take Medicaid patients have led to a severe shortage of health care for the many low income residents of the county. This community-based clinic also uses local paraprofessionals extensively in services to families and teenagers.

SERVICES AND SUPPORT

The Clinch River Education Center in Abingdon, Virginia, provided the on-site training and support for local workers in the mountain sites. In addition this community education and advocacy organization planned and carried out the central training sessions, which guided and inspired much of the project's work.

The Center for Health Services of Vanderbilt University has assisted rural, low income communities in developing and maintaining services for the last sixteen years. The Center has worked with communities in seven states on projects that include adult literacy efforts, environmental and toxic waste problems, legal assistance for rural black farmers, recreation and education for children, and nutrition efforts for the elderly. Its ability to respond to needs articulated by local people is built upon a definition of health which goes beyond mere freedom from disease. Health includes all factors that promote well-being, including effective community action. The work of the Center entails a major commitment to local leadership and community initiative in the development of services.

The interaction of the communities, the Clinch River Education Center, and the Center for Health Services' tradition and philosophy led to the development of an outreach program that uses lay natural helpers as service providers, and is informed by a broader interest in empowering marginalized rural communities.

THE ECONOMIC CONTEXT

It is not unusual for southern rural families to survive on unbelievably scarce resources with few opportunities for employment. Between 1981-83 the Appalachian region lost over 500,000 manufacturing jobs while only 150,000 were created. This represents 2.5 jobs lost in two years for every job created during the 1970s. In Lee County, Virginia, one of the project sites, 40% of families live on incomes of less than $10,000 per year and 16% live on less than $5,000 per year. A similar pattern prevails in rural west Tennessee where agricultural workers were replaced by consolidated, mechanized systems. This transition was particularly devasting for uneducated black male workers in the Mississippi Valley.

During the 1980s this serious economic situation was compounded by the retrenchment of many federal assistance programs. Service cutbacks by the Reagan administration led to deep reductions in the capacity of the public sector to meet human needs. Unemployment and welfare benefits were low; rural and neighborhood health care facilities and school systems continued to be grossly underfunded and provided inadequate services.

THE FAMILIES WHO PARTICIPATE: BASIC DEMOGRAPHICS

Families served by the project are the lowest-income residents of already low-income communities. A substantial number of families are short of food at least part of the month. As we showed in the 1988 Final Technical Report of the project, most participating families had monthly incomes well below the federal poverty line, with a mean per capita monthly income of $124. The mean age of mothers taking part in the

MIHOW Family Demographics

Mean Monthly Household Income: $443.71 (N=369)
Mean Per Capita Monthly Income: $124.91 (N=370)

PER CAPITA MONTHLY INCOME	N	PERCENTAGE OF FAMILIES
$0 - $250	328	88.6
$251 TO $500	39	10.5
$501 TO $750	3	0.9
OVER $750	0	0.0
Total	370	100

Mean Highest Grade Attained by MIHOW Mothers: 10.3 years

HIGHEST GRADE ATTAINED	N	PERCENT OF MOTHERS
9th grade or less	130	33.2
10th grade or less	131	22.4
12th grade	111	29.8
one or more years of college	14	3.6
Total	386	100

RACE

White: 67%
Black: 33%

MIHOW intervention program was 20.5 years at the birth of their MIHOW targeted children. Two-thirds of MIHOW mothers were white; the balance were black. Forty-three percent were married and living with spouse; the remainder were separated, divorced, or never married. The mean number of years of education they had completed was 10.3. The table presents demographic information collected from 1982-87 on program participants.

After interviewing project participants in West Virginia, Kentucky, and Tennessee, Beth Degutis reported that "most of them lived in what would generally, in our society, be considered hopeless situations." She noted that high personal standards, however, motivate them to provide their children with structure and affection. Degutis described the mixture of characteristics she found within families:

The families of the clients interviewed are overwhelmed by a system of social and economic institutions that keeps them in states of deprivation yet their desperate circumstances have not eliminated their commitment to standards of courtesy and morality that are considered idealistic and often unattainable by more affluent sectors of our society.

DEPRIVED OF EDUCATION, HEALTH CARE, AND WORK

Schools are universally available in the United States but in this region they show the effects of many years of inadequate

funding. Many factors, including a shortage of basic, attractive educational tools, cause children to lose interest in school. Many drop out before graduation. Mothers in Kentucky and Tennessee describe the local schools.

> The main problem is that the schools in the area don't have the funds to offer the children better classes. They don't have enough books.
>
> All the buildings need work done on them. They say they just don't have enough money. The textbooks that I used were always torn up, most of them. The backs would be torn off, pages ripped out. They didn't have enough books to go around all the time.
>
> They usually ran out of water and there is not enough room. There is not enough teachers.

But adequate educational materials alone would not lead to well-educated young people. Children must be healthy to benefit from school.

A participant whose son suffers from respiratory illnesses believes it is one of the reasons for his poor academic performance. She cannot afford the medical care that would help.

> He's got asthma and he has attacks. When he was two or three years old, he had pneumonia three or four times and they say it slowed him down a lot. He's got second grade reading level and he'll be in the fifth grade this year. ... My brother's daughter has the same thing my son has. My brother has money and insurance, I don't. She can get sick and they'll run her to the hospital. Every time my son catches a cold, I doctor him myself.

The cost of health care also helped determine the size of her family. The mother is diabetic. When she requested a tubal ligation after the birth of her second

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child she learned she would have to pay one thousand dollars before the surgery could take place.

> I started to have my tubes tied when I had my son. But it costed, to have them tied right then and there, a thousand dollars. We had to come up with a thousand dollars and [husband] working at Line Uniform and making eighty dollars a week. We had no insurance, no medical card or anything like that. So we done the best we could. We just couldn't afford to come up with the whole amount. So I went on birth control pills and I still got pregnant.

Even when the family can pay the doctor bills through Medicaid, they generally travel long distances for care and the expense of travel may keep them from getting the care they need. Simple scarcity of health practitioners is also an issue. An outreach worker explained why some Kentucky women have their babies in distant Tennessee cities.

> If there are any complications in a pregnancy, they automatically send you to Knoxville. You go to Knoxville or Oak Ridge, Tennessee, because they only have two doctors here that take government medical cards, one in Williamsburg and one in Corbin, Kentucky. He comes to Corbin once every three or four months to the Public Health Department.

In another case, the child of a participant in West Virginia was born two months prematurely and could only digest mother's milk. The mother was dismissed from the hospital and tried to get gasoline money so she could make the trip back to the hospital every day to take milk to her child. Her husband told the story:

> The baby was born two months early and it had to stay over there in the hospital twenty-five days. We didn't have no money and she had to get milk from her breasts and we had to go every day and take what little she could get, because no milk wouldn't agree with her. The caseworker in the hospital told us to go to Human Services and they would give us the money. She went in there and tried to get money for gas because neither of us was working. And she came out of there crying, the lady wouldn't give it to her. She said we'd have to wait ten days. Boy, I went in there and I ranted and I came out and they had given me twenty five dollars. She had to go twenty-five days.

Another mother lives with her husband and three children in a one-room shack that she and her husband built. She is twenty-three. The children are four, two and one years old. She often cares for her brother's four children in addition to her own. The mother had a sore throat which made it difficult for her to talk during the interview. Explaining how she got sick, she said:

> We've been out looking for cans and stuff to take and sell because we're in a bind, you know, and it'd been raining and we got down in there digging around and I got all wet.

Social service workers incorrectly canceled the family's food stamps when her husband was accepted in a job training program. Since the participant reads at third grade level, she had difficulty asserting the family's right to food stamps. She summed up their bleak situation:

> I'm in trouble. I'm having to bum off my mom and anybody I can. Mom and sister down the road, they're getting into a bind, too. My husband ain't getting nothing.

While the problems of limited education and health care are considerable, this

mother, like others in the study, talked mostly about the effort to find work. Her story shows how the search for employment dominates the lives of most of the program participants, separates husbands and wives, uproots families, and ultimately frustrates both participants and program staff.

> Now my husband is trying to get into trucking. Hopefully, the first of the month he might find something. He's got all his paperwork and everything, and he needs a job bad. [A while back] he went to St. Louis, Missouri. It was through Jay's Trucking School and he could have got a job in Missouri, but he didn't have all the paperwork. Like his income tax, the papers from that. And he needs some references and stuff. He went up there three or four times. They took him through the road test and everything and then they said, "We don't need you." There is another place, a company in Indiana at Potersville. He called them and he's wanting to go see that.
>
> If he don't do something pretty soon, they're liable to come and put him in jail 'cause he's got alimony to pay and he's got to pay that loan for going to trucking school. Now they're on to us about the truck that they took from us because we couldn't make all the payments on it. Now they're sending us letters saying we owe so much on the truck.

In Appalachia, men are the traditional breadwinners. Hard physical labor–in the coal mines, in construction or truck driving–used to provide a living wage for families who lived modestly. The dramatic decrease in these work opportunities for men has forced many Appalachian families to survive on occasional, and generally unsteady, employment. As a West Virginia participant told us:

> At one time the coal industry was real good around here, until about three, four, or five years ago. It just kept going down. We still have a few, but not that many. That was the only thing people knew. They didn't have to have education to do that, just like my dad. He was a coal miner and that's what my brothers was brought up to do. I've got three brothers that still work. They don't go inside the mine, but they drive dozers. They do okay when it's pretty weather. They just don't get work when there is a lot of rain. If they get two days' work that's only two days' pay.

Another participant lives with her husband and five children, ages twelve, ten, seven, four, and two. Her husband went to work when he was in high school in order to send himself to college. Although he wanted to be a doctor, he had to drop out of college after a few months to care for his family. He works in an illegal coal mine on a sporadic basis.

> When we had this big flood it flooded him out and he's not worked for two weeks now, except at what they call dead work, pumping out water and shoveling out fallen rock and slate. A couple weeks ago some of their equipment fell down and the boss didn't have enough money to pay the boys and get the equipment fixed too. So he told the boys he could take their money and fix the equipment so they could go back to work or they could just quit work until he gets it fixed. They decided, all the boys did, to let him take their pay check and fix the equipment so they could work.
>
> It is a bad job. If they don't sell coal they don't get paid. He hasn't got paid in about three weeks now because they ain't sellin' no coal. He is working for not a big company. It is just a cheap mine. [Husband] has been in a lot of accidents. He has been to the hospital after rocks fell in on him and everything. It is very dangerous. He tells his boss that if he needs him and can't pay him, he will work, no matter if he gets paid or not.

Another participant's husband had worked in Maryland as a forklift operator and foreman for fourteen years before returning home to West Virginia.

> Here there isn't that kind of work. There isn't any warehouses, you know, or any big companies like that. He came back here and worked awhile in the outside of coal mines and got laid off there. He has never worked inside of a coal mine. Now he is working doing odd jobs for a construction company. The type of work that it is and the weather makes it not

stable work. Right now they haven't been able to work because of the weather and then, it is just contracting from individuals and there is just not much of a money flow. They put in a basement for a lady but after that there is not too much. You really try and it is degrading. He is really proud and independent and wants to support his family. You have to resort to welfare or Public Aid. There is no life in that.

Employment opportunities are no better in rural west Tennessee. A participant from west Tennessee talked about how difficult it is to find work, and the effect this has on the men in the community.

Everybody round here has a hard time getting a job. You also have to know someone because no one ever quits a good job, especially in one of the factories. So, if you know someone they'll put in a good word for you. There's still a lot of the men who can't find jobs. . . you see them hanging around on the corners or just sitting in bunches. They look like they must feel bad because they can't find something to do. I think that's why they have so many other problems, like getting high. It's their way of trying to escape from everything.

You can't get a good job in this little town, not unless you get a job at Color World or Tupperware. People work their whole life and only help their own folks get on. You just keep putting in your application and wait and hope that one day they call.

Dr. Jefferies found that the desire to find gainful employment was a consistent value expressed by all of the mothers in the west Tennessee focus group. But their attitudes were not optimistic regarding employment opportunities close to this small community. She notes:

There was a lot of emphasis placed on knowing someone in a hiring position or "just plain luck." Most of the women who were working relied on seasonal jobs that were dead-end and offered no room for advancement. Two of the participants had plans to attend state colleges. Both were recipients of government-backed funding and planned to begin school in the fall of 1989. Other participants were able to verbalize various career

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aspirations (cosmetology, word processor, nurse, etc.) but had no definitive plans for realizing these long-term goals. Shorter-term but concrete goals emphasized "getting on" at one of the local plants in a full-time, permanent position.

Appalachian women also expressed the desire to work. In the past, many had worked at strenuous manual labor. Much satisfaction with this work was expressed, but they confronted considerable sex discrimination. Women from Virginia described their experiences:

When you go to put an application in, some people just look at you and say you're too small for the job. Like back there in the fields. They said you don't look like you could do the job.

When I got down here, there wasn't a man around who would hire me to cut tobacco. Finally I got a job and I showed all the men. I told them I could cut better than they could because I cut when I was nine months pregnant with my first one.

I finally got a field job here, and I really enjoyed it. And I was pregnant too.

And some people don't want to pay you what you want to be paid. Everybody down here pays below minimum wage. It's not fair.

They were paying me a dollar and a quarter an hour and my husband two dollars, and I was doing the same thing he was. But I had to work to help support our kids. And I worked from daylight till dark and then when my kids come in, I had supper to get and help them with their lessons and their baths, and time it come to me, it was one o'clock in the night and I hadn't cleaned up or eat or nothing. And then get up at five o'clock in the morning. I did that for several years. It got old.

Mothers hoped for a "good job" with "good benefits," so their children could have a life that is "average."

I want my kids to grow up to have average things. I don't want them to go through what I've gone through. I'm going to teach them not to make my mistakes but if they do–I'll be there for them.

Having my baby slowed me down a lot. Now I'm striving to do better for myself and my baby. I don't like being on welfare but I know my baby's gotta eat and have clothes, so I get it; but I ain't gonna just lay up and keep getting it though. I'm striving for my baby so I can be her role model myself.

Many mothers felt that once their children were in school, they could pursue vocational and educational interests, although plans and time frames for reaching these goals were sometimes vague. Experienced at caring for the family in the face of imposing barriers, they would choose nurturing professions.

I'm starting college to go into education. In my old age I want to be a teacher. I want to teach grade school and don't really care what grade. I just love the little kindergartners. I like all the kids.

I'd like to work in a nursing home. We went down there, not long ago, to LaFollette, and sang. . . . I told my sister, "I'd love to work in a place like this."

I'd like to be a cook. When I lived in Maryland, I worked as a dietary aide. My mother worked as manager of a kitchen . . . and I've always said if I ever got the chance, I wanted to work like my mother did, as a cook.

I'd like to be a nurse. I'm thinking about going back to school and taking nursing. [MIHOW worker] has encouraged me and lets me know about these GED classes.

In her focus group of staff members in Virginia, Dr. Mergenhagen probed to find out how they perceived the mothers' desire to learn. The workers said participants took every opportunity to learn marketable skills. Their primary interest was not in collecting the welfare check, workers explained. They were impressed by participants' desire to be self-reliant and self-sufficient models for their children.

They wanted more education so they could educate their children. . . . That really surprised me, that they really did want the education.

They're not people who's just there for the welfare checks or the food stamps. They want better for their children.

We had quite a few that's got GEDs, that's gone to college, and we had one girl that graduated Friday night from LPN (licensed practical nurse) class.

Anxious to be employed, most still saw childbearing and childrearing as the core of their lives. A sixteen-year-old-mother, pregnant with her second child, related her delight in her daughter to Beth Degutis:

A lot of people think that once you have kids, your life stops. It's not true....I do what I want to do and take care of them, too. I take mine fishing or camping with me. If I'm going to have fun, I want them to have fun, too. I like to watch [baby] when she sees a dog or a cat or water in the river. She gets tickled and that's the main reason I like to go.

Another mother described being ill and spending the night at the hospital away from her baby.

I ain't been away from him except that night and that would like to kill me.

A Virginia mother's story about her children's homework provides information about a primary source of her self-esteem:

One thing that makes me feel proud is when my kids come home from school with science projects that they need parents to help them with. The other day, my little boy come in and said, "Mommy, I've got to have a science project. I'm gonna make a big planet and I want you to help me get all the planets in order." When I was a kid, we'd use papier-mache and make these big balls and he'd never heard of that. So we went out and got this big punching balloon and blowed it up and papier-mached it and put all the planets in order. For me to sit down and be able to do something like that made me feel good about myself.

I love kids. . . What would life be without kids?

Home visitors note that participants' children represent a source of unconditional love in a daily environment that offers few comforts.

A lot of them consider the baby a security, a way to be loved. That's something that belongs to them. Nobody can take it away.

For awhile there, it's not going to jump up and run off on them.

Nevertheless, focus group members understand why their own mothers were disappointed when their daughters became pregnant at a young age. They acknowledged that their mothers' lives had been very difficult and that they were trying to spare their daughters the same hardships.

Mother said, "I hope you don't have no more kids after this." It's not that she doesn't love kids. It's just that she said, "I think you have enough. I had a hard time when I had you five."

THE EXTENDED FAMILY:

A SOURCE OF STRENGTH AND A SOURCE OF PAIN

The families in this study are vulnerable on many fronts. The drive for self-improvement is impeded because their education and employment options are so limited that even good health is difficult to achieve and maintain. Yet parenting is enhanced when mother and father are emotionally secure and satisfied, so each of the evaluators examined the nature of the social supports available to the

mothers with whom they spoke.

Mothers who participate in the project prize good domestic relations. If the women are married they describe their husbands favorably. Each individual member values her affiliation with the family as a group, which often includes a network of sisters, sisters-in-law, mothers, mothers-in-law, and husbands. The program's home visits often become a group event, with several mothers and the matriarch of the clan participating along with a number of children. Information and resources are freely shared. Home visitors in Kentucky and Tennessee talked about their experiences in extended family settings.

> Usually when I home-visit the younger mothers, the teen mothers, the whole family participates because people around here are clannish. They all live together and if you're going to tell the young one something, then grandma, grandpa, aunt, uncle, mother and dad, the whole family is right there. They're listening to everything you say. And, if they are married, the husband's there too if he's not working. So, even when I showed the videos on breast-feeding or *Inside Mom* , they're all right there on that little TV, there's everyone sitting there watching it.

An Appalachian home visitor described her "family project."

> [Having the whole family present] made me feel kind of uncomfortable at first, but then I got to falling back on the way I was raised. My grandpa, two aunts, and four of my uncles was raised with me also because my grandmother died when I was six years old and they all came to live with us. So there were eleven of us in three rooms.
>
> It's a whole family-unit structure together. When you're ministering to one, you're ministering to the whole group. You show a video, the whole clan's going to be sitting there watching.

A West Virginia mother lives next door to her in-laws. She and her husband share a garden with two other related families. They do the gardening, the mother-in-law supervises the canning, and another relative who has a large freezer provides the storage. A mother in Kentucky added:

> That is my garden up there. We're going to have plenty of tomatoes. But if my mom and them [the in-laws] wants a tomato, they can go up there and get it. Me and my husband are doing the work. It is our family project.

Extended families help each other when a family member becomes ill or a mother needs someone to care for her children. One MIHOW participant, when asked

who keeps the children when she needs a baby sitter, responded: "My stepmother watches them. My [own] mother is busy with my brothers' and sisters' kids."

Local project director Minnie Bommer reports that in west Tennessee a young unmarried mother lives with her parents, and her mother helps take care of the baby. But if a second child comes, the mother moves out.

> Often when the young mother moves out, the grandmother keeps the first child, letting the girl grow with the second. People in this area have such close family ties, when the grandmother keeps a child the feeling is not "you're taking my baby" but "you're helping me with my children." Usually it's a decision to share, since it's easier for the girl to care for one baby than two. The exception is if the girl's mother is working, then with the second baby, she has to find a place in the housing projects and care for both. That's just the way it is. But for the most part, it's a shared responsibility. Even after the girl moves out, they share the babies, let them stay here awhile, stay there awhile. It's not a problem down here.

THE COLDEST OF SHOULDERS

Generally a source of comfort, the extended family can also be a source of tremendous pain when support is withheld. An unplanned pregnancy to an unmarried woman may trigger a family's absolute rejection. The parents' hopes of college, or at least a more economically promising future for their daughter, are dashed with the pregnancy. Their disappointment is shown in many ways.

The Appalachian participants described their isolation from their own families during pregnancy. "Stuck up a holler," with no telephone, no car or no money for gasoline if they have a car, they have limited access to supports outside the family. Yet mothers of the young pregnant women sometimes expressed anger over their daughter's pregnancies by preventing contact with the home visitor. An Appalachian home visitor described the response to the program from the mother of a young pregnant woman.

> "It's her bed and she's gonna have to lay in it." She didn't want the daughter to be taught. The girl was begging me to come, but the mother said no way. . . . I said, "I'm just here to help her properly take care." She said, "She should have thought about that before she laid down and got it there."
>
> We used the word "pregnant" and the girl's mother said, "That's too blunt. I like 'expecting' myself." We made one visit. That was it. The girl wanted us to visit. The mother didn't.

Workers stressed that if family members are not supportive of the workers' visiting, real problems result. However, even when such problems occurred, workers and participants sometimes developed innovative solutions to establish or continue their relationship. One home visitor gave the following example:

> I saw one close to two years, but I never saw her at her house because she wasn't allowed to have anyone there. The girl really needed someone. I met her everywhere under the sun. I even took her to my house. It maybe wasn't the best visit that could ever been made, but there was a relationship . . . and eventually she did get away from the parents, and she's done fairly well for herself.

For the majority of the west Tennessee women, their sense of loneliness and sorrow was deepened by the fact that their boyfriends deserted them when they became pregnant. At this site, six black mothers participated in the focus groups. All were adolescent single parents except one. Dr. Jefferies says of the group:

> *A sense of personal isolation and abandonment was reported by all six women. In many instances their parents reacted negatively and*

sometimes violently when the pregnancy was made known. Typically, the parent was also a single parent and feared the long-term emotional, sexual, and economic consequences of an adolescent pregnancy. One participant who became pregnant at age sixteen stated that her father hit her when he found out she was pregnant. For three years after that he ignored her and pretended she did not exist, with no sign of change or forgiveness. The younger females also shared feelings of shame and sadness regarding their boyfriends' reaction to their pregnancy.

In describing the discussion in the west Tennessee participant group, Jefferies continues:

Although all of the adolescent mothers lived with a parent or some other family member, none of them received emotional support from relatives during the initial stages of their pregnancies. All of them relied heavily on the MIHOW worker to assist in crises, help with problem-solving, or just to be accessible should they need to talk to someone. In some families the relationship between client and worker created additional conflicts. Some mothers felt they were being criticized by the presence of the worker or that the worker was choosing sides in a family matter. The ability of the worker to negotiate a truce between mother and daughter or give both a different perspective for handling the other's anger helped to reduce a great deal of family stress and inter-family conflict.

When [MIHOW worker] would come by the house my mama would create an awful scene. She would scream at me or talk nasty to [MIHOW worker]. My mama would tell her she was wasting her time on me because I was no good and hopeless. One day [MIHOW worker] talked to my mama by herself, I heard my mama crying and saying she was scared for me. . . . I didn't hear any more but after that she was always nice to [MIHOW worker] and me too.

My daddy made me take care of my younger sister and two brothers because he said he couldn't do it by himself. I used to think that was all he wanted me for and maybe it was why he got really mad at me for getting pregnant. Now I've got four babies to take care of–unless I marry my baby's daddy. My worker said I should graduate and then make my own decisions, because I'm the one who has to live with whatever I do.

Added to the initial rejection by their parents, west Tennessee participants endured abandonment by the babies'

fathers. Jefferies continues:

Many of the women stated that they enjoyed the conversations about relationships and how to make better choices for yourself. As a group all of them perceived themselves to be quiet, shy and isolated from peers and families. They typically did not party or date a lot but rather stayed around home and to themselves. Prior to their pregnancies, all of the women relied on their boyfriends as their sole means of social support. Thus, when their relationships deteriorated, they were left feeling used and abandoned.

Well you know I'm not married and I wasn't married with my first baby. With my first baby the father didn't want to deal with the problem. He didn't want me either . . . The second baby came six years later. I loved him and wanted to get married but we had broken up by the time I found out that I was pregnant. So neither of the fathers were involved in my pregnancies. The second man didn't care if I had the baby or not.

I would like to be married and to be cared for....I think that most women would. Neither of them [the childrens' fathers] are involved with their children. That's what being a single parent means: doing it all by yourself.

When the relationship of the young couple did not survive the crisis which the pregnancy brought on, issues of paternity and child support were particularly contentious.

After I got pregnant, he acted as if I was nothing. He told me that it wasn't his baby and I'd better not hassle him about no kid or no child support. I couldn't believe it. . . but I just pretended like it didn't hurt.

When I told my boyfriend that I was pregnant he stopped speaking to me. I said that's fine 'cause I knew I was gonna make him pay a lot of child support. He was going to take care of that baby because no matter what he said, he was the father. [Laugh] Of course, I didn't know he would wind up paying for two babies.

In her summary of the focus group discussions, Jefferies reported that these sentiments were widely held. "There was

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a lot of bitterness and anger toward fathers because of their lack of support and rejection of both the woman and unborn child."

FATHERS

In this study we asked women to describe their children's fathers so that we could eventually be more successful in engaging them in the project. As we noted before, the whole family has an influence on childrearing choices, but fathers have a particularly powerful effect. If they are available, workers are anxious for fathers to be involved because when they endorse the project, they can be most persuasive. The outreach workers commented on the role some fathers played in promoting breast-feeding.

A lot of the husbands is the ones who helped me get the mothers to breast-feed.

The woman would say, "What am I going to do when I get out in public?" And he'd say ,"Well Granny did it. She'd go to church and take a baby blanket." And the husband would even demonstrate how to cover up.

Degutis reported that some of the workers have been involved in special programs that reach out to men, via worker- or parenting-related classes. The workers found these classes to be very well-attended and successful.

In this program we've started, this young adult parenting program, sixteen to twenty-one, the fathers come. If the mother's pregnant with the first child and they both need GED lessons, they both come to class. The fathers are getting more involved.

We do job training. If you have someone to come to do job training, it's mostly men.

We had a good turnout to the mining classes. You've got to have these cards, certified to work in the mines.

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Most of them, it's the husbands of the girls we visit.

West Virginia staff members discussed their efforts to encourage participants to recruit husbands to be their labor partners. Now and then their efforts were successful. One woman's husband refused to be her labor partner at first, then at the last minute decided to stay with her during the delivery. She feels the experience helped him feel closer to the baby.

He went through the whole thing with me. I didn't believe he would. First he said no. [MIHOW worker] told me to try and persuade him to go. But when we got to the hospital, when I got ready to go back there, he took and went in with me.

Another woman's husband had refused to serve as her labor partner. "He's that type. That's not his style." However, he was at the hospital when she was admitted because she had toxemia.

He ended up going with me with our little boy. It was a situation where everything was so fast that the baby was there and he was there, too. I think it made a bond between him and [baby]. There was no way of getting out of it. He didn't really realize what a woman went through and it helped and it educated him.

Focus groups and interviews emphasized that for most participating families, parenting is a woman's responsibility. Interviews in West Virginia produced several positive stories about the father's role and the program's ability to engage fathers in the parenting process, but these were clearly exceptional.

My boyfriend don't get into it like I do. He'd say, "I'm gonna get out of here cause I know y'all are gonna talk women talk." He'd say "Well, I'll stay if you want me to."

In west Tennessee, fathers were absent in a majority of cases. Conflict and hard feelings were frequently associated with the issues of paternity, child support, and irresponsibility on the part of fathers.

Two west Tennessee interview subjects responded to the questions, "How did your baby's father view the program?" "Is he involved in parenting your child?"

Well he didn't really have too much to say about the program. He knew about it but I guess he didn't feel like it really concerned him. We are still engaged and so he is very involved with the baby. He didn't want the baby at first, but now he's trying to adjust to everything.

He was not involved and is not involved now. He didn't care anything about the program. When I told him about the program he just cursed and said forget it. I told him, "Well excuse me but it is educational to me and I think I'll stay."

Jefferies summarized the discussion on fathers from the west Tennessee focus group.

Limited data was provided on fathers' perceptions of the program or of the MIHOW workers. None of the adolescent mothers were involved with the fathers during their participation in the program. All were estranged from the men who offered only negative reactions to their pregnancies. A participant who was married stated that her husband felt good about her involvement in the program. Otherwise, he never made any comments about the worker or the services offered by the program. After the birth of their babies, only three of the women could offer any data on the fathers' parenting role other than in terms of economic support. The married respondent stated that her husband was supportive before and after the pregnancy.

But, as in other parts of the United States, the father's degree of involvement in parenting is slowly changing. A woman participating in the MIHOW program at the New River Family Health Center related an anecdote to researcher Degutis that illustrates some of the changing dynamics.

The participant is a twenty-six year-old unmarried African American. At the time of her interview her daughter was three months old. Her baby's father worked in South Carolina for a company that removes asbestos from buildings all across the country. Although he is out of town much of the time, he was home when the MIHOW made a prenatal visit to show a videotape and talk about preparing for the birth of her first child. After the visit, [the mother] learned that her boyfriend had surreptitiously participated in the session.

We're sitting here watching a movie, the home visitor, my Lamaze partner, and my girlfriend next door. He was upstairs. We were sitting here talking, talking, and talking about the baby and what's going to happen, what we're going to do, and all this stuff. We went up and asked him to come down and look with us. No, he didn't have the time, he didn't want to be bothered. He told me after she left that he sat upstairs by the vent and listened to every word we said and watched that movie.

She went on to say that her boyfriend's interest in caring for his baby slowly, but steadily, grew.

In the beginning he didn't want to get aggressive into pre-parenting like I did, because I had no other choice. They give you papers and all of this stuff and I'd leave that stuff lying around just in case I wanted to glance at it myself. [Home visitor] gave me books and I'd take them upstairs and put them on my dresser. He read the whole book. He was telling about it. He's a good father now. When he's here he gets up in the night and bottle-feeds the baby. The only thing I do is get up and fix breakfast.

Degutis noted that the participant drew on the project for support and also was creative in her approach to a difficult situation. Her success in recruiting her boyfriend's participation in caring for her baby is not unheard of, by any means, but the delicacy of her approach points to the powerful dynamics that continue to encourage traditional sex roles.

WOMAN TO WOMAN:

RELATIONSHIPS BETWEEN WORKERS AND PARTICIPANTS

As we have seen, many of the women who participate are isolated in real ways during their pregnancies and early mothering years. As noted above, isolation from services may not be the most painful distance they encounter. Many participants also suffer the loss of their mother's, boyfriend's, or husband's support during this time of major life change.

The loneliness of participants makes the friendship and emotional support of the MIHOW worker an important program benefit. The willingness of workers to spend time listening was frequently mentioned by program participants when Jefferies asked west Tennessee respondents if the project reduced their isolation:

> You see I didn't have any support with my first child. I was seventeen years of age and thought I was in love with my baby's father. Now I know that I didn't know too much of anything. My worker taught me a lot about my pregnancy and about myself. She was the only person I would talk to about my problems. Now I guess my self-esteem is better because I don't stay depressed.

> I was definitely isolated and I think that was pretty much self-imposed. I really looked forward to my home visits. I think it was what I needed, and she taught me a lot of good things. Things that helped me to understand what I was going through. I think it was a special relationship because I knew I needed to talk to someone and it had to be someone I could trust. I trusted her and she understood my situation. After all, I wasn't some little teenager, but I still needed support.

> You see she was there when I felt so alone. I was so ashamed and depressed. . . my sugar and blood pressure was giving me trouble . . . I didn't think that I was going to make it. If it wasn't for my worker talking to me and telling me things about my pregnancy . . . I just don't know how I was going to make it. She was like a friend and a worker. You could depend on her even when there was no one else to depend on.

A SHARED HISTORY

All of the evaluators focused on the worker participant relationship in their study of the program, and we quote their reports extensively in this section. Jefferies and Pettinari found that workers' empathy for program participants was related to having experienced many of the same negative daily life issues. Pettinari found in her interviews with workers that they viewed their personal experiences as crucial in communicating with mothers.

> *Experiences such as resenting pregnancy, depression, and having been on welfare all contribute to visitors' being able to work with clients in a nonjudgmental way. For example, one visitor said that she knew what some clients went through when they don't want to be pregnant because she "went through that too." The client will feel that she's not "bad" because someone else has experienced similar feelings and overcame the experience. In my interviews in Duffield, Virginia, as well as in other programs, visitors believe that people with "only book learning" are not able to bring as much to the situation as visitors feel that they can. As a visitor stated, "Don't tell me what to do if you haven't been there before. You can't understand how someone feels being depressed if you haven't been there before." Visitors think that they can bring more to solving a problem than someone who has "a book and a one-two-three approach to solving a problem.*

The worker may provide the mother with a living example of a modern mother combining family responsibilities with community service. Pettinari continues:

> *The visitor as role model plays an important function in clients' lives as well.*

As one visitor noted, "We are who we are and we think this is a good idea and they model after us. We can all probably think of some person that just by being around that person, watching them and talking to them, has made some major changes in our lives. Our clients view us that way. Even though we've had conversations that have been very low-key, these conversations have had enormous impact."

Even though the mother and the visitor share a similar history and may live in the same community, the worker must fashion a unique relationship with each mother. Goal oriented, yet friendly, she must listen and understand the mother's perspective while she encourages specific health and child rearing approaches. Training for project workers emphasizes the differences between professional relationships and relationships between friends.

HOW WORKERS ESTABLISH THE RELATIONSHIP

Although the workers are respected local women, if they are not personally known to the family, they must work hard to establish trust. Mergenhagen reports that in Virginia *when the MIHOW worker first showed up at the door, there was*

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universal fear. The women thought that the workers were "from the welfare and might try to take their children." The outreach workers in the Virginia focus group described gaining access to mothers whose heritage embodies strong reservations about new people and new ideas.

> The people in our area, they don't trust just anybody. They have been exploited so much. It's hard for them to give their trust at first.

A Kentucky worker told of the difficulties she encountered when she first tried to get mothers to enroll their children in a Save the Children Federation program. Although the program offered many benefits to the families, they balked when they found out they had to send pictures of their children.

> A lot of them said, "Well I don't want my kid's picture took. How do I know that they're not going to steal my kid?"

Humor helps establish rapport, and this home visitor breaks the ice with good-natured quips.

> "Are you here to take our kids?" One asked me that and I said, "No honey, I don't know what I'd do with them if I had 'em."

FACTORS THAT MAINTAIN THE RELATIONSHIP

Sound information and an engaging personality also facilitate the growing relationship. Pettinari explains:

In order to work with their clients, visitors draw on their personality characteristics and understanding of the cultural communication styles of the community, their own interests, and their personal experience. A visitor talked about having a love of people and the ability to "bring people out" by being a good listener and being sold on the value of the work that she does. This visitor is able to establish this rapport with new clients by "saying something positive and encouraging them to feel good about themselves and taking advantage of opportunities to open up conversation, such as seeing craft items in the home and asking about them." A positive attitude was also

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seen as an enabling characteristic by another visitor. She's found in her work experience that "if you show people that you really appreciate them, you'll be successful. If a person has only one good point and you focus on that, it will help."

Another technique for establishing rapport is for the worker and mother to identify mutual acquaintances. Pettinari also noted that visitors believed that a stranger to the community would be less able to work with their participants because local residents are "suspicious" and strangers are objects of suspicion. Visitors, if they don't know a participant personally, try to establish a link with mothers through talking about mutual acquaintances and relatives.

The workers' style of presenting information also contributed to its reception. Angel Rubio noted that advice from MIHOW workers was especially valued simply because it was advice. That is, the workers suggested things to the participants rather than telling them what to do. Since some of the group members had parents who tried to forcibly inflict their values on the women, this subtle approach worked well. In addition, credibility of the workers was high since they were seen as having been through many of the difficulties now faced by the participants. Their information was seen as superior to what they perceived as the old fashioned advice of some parents. Mergenhagen concurs:

Group participants really appreciated the fact that the workers did not try to tell them what to do in regard to child care. Rather, the workers suggested things. This approach was well received by the women. Some had parents who were very forceful in their views, which were resented.

[MIHOW worker] says, "My opinion is. . ." I was feeding the baby raisins, and she said, "My opinion is they could get choked on it." When he was real little, he had the hives real bad. And people tell you, "Well give him catnip tea." So he was premature and I wanted to have him that catnip tea. But before I did, I asked [MIHOW worker] about it and she said, "I'm not going to tell you not to or to," but she'd tell me what she thought and then let me decide.

Many participants mentioned that they could talk to the MIHOW worker about their feelings and difficulties because they knew the worker would keep their concerns confidential.

It wouldn't go no further than her, and that really helps. Those things you don't want the whole town knowing about.

Jefferies noted that confidentiality between worker and participant was crucial:

Lack of gossip was a key variable in rating the program so highly. None of the respondents she talked with felt that the trust that had been shared had been violated by a worker.

Jefferies also noted how participants identify with workers:

Workers also served as a living outcome measure of someone who had survived the odds of many similar circumstances and obstacles. The uniqueness of this relationship [mentor/student] appeared to provide a positive impact on the mother's perception of her individualized strengths and her willingness to look at new options.

A special bonding appeared to take place between the client and worker. It is unusual that all of the staff involved in any given project are so highly respected and given so many positive accolades. It seems very likely that the respondents over- identified with the natural helpers and moved much faster in opening up and sharing a mutually respectful relationship. In many instances the adolescent girls reportedly felt that if they could be honest with the worker she would not use anything against them or "talk about them" to others in the town.

The clients perceived the workers as friends and counselors, although at first they assumed that workers would be like "welfare workers" who came around to "nose" in their business. Initially the respondents were skeptical about sharing personal information, but when the workers did not pry and did not "give them a lot of flack," they warmed up to them.

You know it was like making a new friend. Someone you could share your feelings and thoughts with, without having to do a lot of explaining. [MIHOW] worker just accepted you or gave you some advice.

Everybody jumps on you and talks about you behind your back. [MIHOW worker] never acted like she was better than me and she never gossiped about me to my mama or anybody else.

I was always shy and quiet, even before I got pregnant. For a whole year, [MIHOW worker] was the only person I could trust or talk to . . . if she didn't come by I really missed seeing her or talking to her.

The emotional impact that the workers had on the womens' lives was evident in the manner in which each described her individual worker. "She made me laugh even when I felt like crying." Or, "she would listen to me when I felt sorry for myself or when my boyfriend would neddle me at school." These examples describe the trust that was a part of the bonding between worker and client.

As noted before, pregnancy created a lot of stress on the families. Many parents of adolescents were initially upset, rejecting, angry, and resistant to accepting the baby. Jefferies found that MIHOW workers were often attributed with mediating mother/daughter conflicts or giving the mother understanding and support.

Thus, the MIHOW worker served in the role of both counselor and advocate in many families. The qualitative data implies that a natural helper can position

herself to provide emotional support and therapeutic intervention to families that would not be likely to share personal "family business" with an outsider.

Many feelings, fears, and general concerns about children, husbands, and past family relationships–both good and bad–came to light during the focus group. The women expressed gratitude both for having a special friend–the MIHOW worker–and for having a group of peers with whom they could share their mutual concerns. The implication here is that such group meetings should be encouraged and facilitated since they have such positive effects.

Frequently participants depended on workers extensively. There is evidence from the staff focus groups that the home visitors understand how emotionally attached their participants become to them.

A lot of them considered you their mother, their sister, their best friend.

I think some of the girls get closer to their MIHOW worker than they do their own family. . . . There's a better communication.

I've had them say, "I can't talk to my family like I can to you." They know there is the confidentiality and you're not going to go to their mother and tell her what they're talking to you about. My own daughter would not sit and talk to me and she would [another MIHOW worker].

Mergenhagen warned that over-reliance of participants on the MIHOW worker could be a danger if it leads to worker burnout.

The women were very emotionally attached to the workers. They did not appear to be consciously manipulative in their reliance on the workers for transportation, emotional nurturing or other favors. Instead they seemed to be reacting to something that was so welcome and pleasant in their lives that they just could not get enough of it. It may be prudent for workers to set appropriate boundaries.

Jefferies also explored this theme in the west Tennessee mothers focus group. She found that participants were able to separate their personal attachments from the professional role of the workers.

This can avoid an overly dependent or crippling relationship between client and worker. When questioned further, participant responses imply that they frequently relied on workers to assist in situational crises such as running out of diapers or milk. In such cases the MIHOW worker usually helped plan for medical appointments or human service appointments, but mothers were encouraged to work out appropriate arrangements themselves.

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PREVIOUS EVALUATIONS

In earlier assessments of the program's impact, we identified a number of areas where improvements in home and community environments could be attributed to the program.

At the community level we learned that partnerships between community-based organizations and university sponsors can promote the leadership development that is necessary for the long-term resolution of problems facing low-income communities. The training, support, and organization provided to local staff members may be their first exposure to the power they can possess as individual helping agents working together. Whether the local sponsoring organization was a clinic, child care center, or grassroots community development organization, local women leaders used the project to build an organizational base for further efforts in support of low-income families.

We also learned that local demonstration projects like this one can continue to provide services after the initial demonstration phase ends. Each project site attracted state, federal, or private funding to maintain its outreach and advocacy for families at risk. The necessary factors for successful institutionalization were related to the project's investment in planning and fundraising training during the final phase of the demonstration period.

Earlier studies also showed that participants in the intervention scored significantly higher than the comparison group on the One-Year and Two-Year Caldwell HOME Inventory. The results from an abbreviated version of the Denver Developmental Screening Test also tentatively support our expectation that improved mother-infant interaction results in developmental advantages for target children.

In this study, a team of evaluators looked at program impact qualitatively, through the words of participants. The interviews and focus groups uncovered many cases in which the program had made a significant difference for a particular participant. The qualitative method cannot support generalizations from these instances of impact, but the cases describe a variety of additional contributions that the MIHOW program has made to its participants.

ISOLATION

The day-to-day loneliness of many of the mothers cannot be overestimated. Living in the country, without transportation or phone, seems to make family members especially receptive to the project's services. A regular visit in the home, or an invitation and ride to a gathering of other mothers and children are a welcome change. Two West Virginia mothers told Degutis:

> Since I moved over here I'm pretty isolated. I am lonely here. MIHOW helped a whole lot by giving me something to look forward to.

> [Child] is three now, so the visits aren't quite as frequent. We miss them. My kids miss them–the participation–and they always taught them something. . . . They called them parties, but they educated the kids too. I feel if I had a problem and didn't know how to deal with it I could call and if she didn't know she would refer me to someone. I was kind of inward when I was pregnant and she took the initiative and encouraged me a lot. I think that she has helped me a lot personally because I wasn't as outward a few years ago as I am now.

Pettinari's analysis points out the isolation that may exist even within the mother's family and notes that the home visitor offers much.

> *Breaking down isolation that is imposed by both geographic and social influences is an important visitor role and accomplishment. Visitors report that*

some clients are so isolated that they never see anyone outside the home. For them, the visit breaks this isolation. The support that a visitor provides is important because "so many people have no one to talk to and no one to share things with." In this context, a theme that was repeated more than once is an attitude that appears, to me at least, to isolate a pregnant woman or young mother even more than geography might. That is, for some families, the attitude is, "You're married, it's your baby, I'll help you if it's convenient for me, but don't expect anything." At the same time, some men have the attitude, "You have this baby– it's yours, you do with it." To a client, having someone to share experiences with must be a very important element in learning to break this externally imposed self-reliance.

Growth in self-confidence can come slowly for isolated women coping with poverty. For women whose access to social support outside the family was limited, access to the workers' support was crucial. Interaction with the MIHOW worker in home visits and with other women in groups provided relief and self-confidence, and not only for the mother.

> Like coming out here today [to the group] . . . getting out and talking with other people makes you feel good. After this is over and you've talked and you've got things out, you feel better about yourself.

> He [husband] likes it [the program] because if I talk to my [MIHOW worker], I don't get grouchy with him.

RELATIONSHIPS

The relationship between the mother of the child and the project worker appears to be critically important. As peers, they

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had a foundation on which to build mutual trust. As survivors of similar problems, they tended to respect each other's efforts to cope.

MIHOW workers were generally seen as people who really cared. One woman compared her worker to other human service workers with whom she had contact.

> There are some people who come to see [child] because he was premature and born in Tennessee and they're required to come. And they're just completely different from [MIHOW worker]. They do evaluation sheets. They're hateful about it. [MIHOW workers] act like they want to do it, not like they have to.

ASSERTIVENESS

As relationships with mothers deepened and grew, workers helped women to assert themselves as they negotiated the welfare and legal systems. The women view these systems as complex, confusing, and unfriendly. Many believe they are designed to keep people from getting their rightful benefits. The MIHOW workers tried to be friendly advocates and to direct the women to appropriate resources. Ideally, the worker empowers the client to take on the system herself. Some participants explain:

> If you don't have somebody who knows what you can and can't do, people just run over you. [MIHOW worker] and them know what you can do.

> My three youngest have Medicaid. I've got a lot of medical bills yet for me. [MIHOW worker] told me to ask about myself. I went up there and asked if I could fill out an application. The woman said, "No, you're not eligible because you're not pregnant or handicapped." I told [MIHOW worker] about it and she said, "That's not true," and told me where to call – an 800 Medicaid number. And I called them and they told me I was eligible for it. If you have somebody like this who knows the laws, you get a lot further. If you don't have anybody to help you, you're not going to get it.

> When I was pregnant, I had problems and it was costing a lot to have to run back and forth to the hospital. Where we used to live, we just got two dollars an hour and we didn't have enough money to pay for all those medical bills. [MIHOW worker] said, "Have you tried the Medicaid?" I said I tried it and they turned me down. She said to just keep getting on them about it. They said; "You have too much income." I said, "We've farmed all year and out of what my husband grossed was only two thousand dollars a year. I'm going get this card if I have to take you to court." I went back home and called the free legal services. Three hours later the man called and said my card would be in the mail within two days.

In some cases, experience in negotiating outside the home led to more assertiveness within the family.

> They've taught us to step up and say what we think is right.

> Used to I'd say yes [to husband]. Now I can say, "Well, that's not right." I'll say, "Well why can you do this and I can't?"

SELF-ESTEEM AND SETTING GOALS

Healthy child development is related to sound parenting practices. These and parents' self-esteem are intimately interwoven. As mothers in the project developed new parenting skills, they also began to think beyond their child rearing years and to plan for careers or further education. Several interview subjects related having a general sense of "getting on track" or improving their sense of purpose and hope for the future.

Jefferies asked the following series of questions in an interview with a young west Tennessee participant:

> *Are you doing anything different because of the program?*

> I'm trying to get everything stacked up straight. A nice steady job. I'm helping my children and myself more. I'm better as a mother and as a person.

Is that because of the MIHOW project?

Well yes, I'm setting goals now. For me, for my kids. . . about life. The thing that helped me was knowing someone was there for me and my baby. I think that having someone like my worker to be there and to talk to made me feel much better about myself.

Do you think that the program is beneficial to young teen mothers?

I'm sure that it is. It makes them think about the pregnancy and to learn what it all means. It can help them set their priorities in life. It can really help them get through their childhood–through that first mistake so that they won't have a second pregnancy. If the MIHOW program had been around with my first pregnancy, I probably wouldn't have had my second baby. I would have been better prepared for life. It helps you prepare for being a single parent because they teach you that one mistake is not the end but you can still be the best you can be. I know I'm better with my kids now. I learned about myself as a woman and learned things about being a parent.

Another young woman responded to the question: *"Are you doing anything different because of the program?"*

Yes. I know so much more about myself, about my body and what it means to be a black parent. Like the film they showed us today . . . there was a lot of valuable information that would help anybody.

A mother in Kentucky indicated that the program has helped her to grow and raised her self-esteem.

MIHOW is bringing me up from where I used to be. I guess I'm growing up more or something.

Another Kentucky participant with five children said:

MIHOW made me better able to cope with the system. If something happens to [husband], I can cope on my own. They have strengthened me a lot, considering what I was because I thought there was nobody out in the world that's going to help us.

Degutis noted in her summary report:

After having MIHOW home visitors and/or group experiences, every one of the fourteen women interviewed has improved self-esteem, goals for herself, and in many cases is taking steps toward reaching those goals. One client has gotten her Graduate Equivalency Diploma [GED] and is

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planning to start college this fall so she can be an elementary -school teacher. Another client, who lacked only three credits for completing high school when when she dropped out to care for her sick mother, is studying to take her GED test a second time and planning to study nursing at Lincoln Memorial University. These women have set high goals for themselves and seem to have a chance of reaching them. Others are hoping to get scarce factory or office jobs, or simply to get their GEDs.

Sounder Health Decisions For Mother And Child

In addition, almost all of the mothers who participated in the study mentioned that they had learned more about health as a result of that participation. Many gave examples of decisions on family planning and family health that they attributed to the program's influence.

West Tennessee respondents told Jefferies that they knew little about their bodies, sexual intercourse, personal

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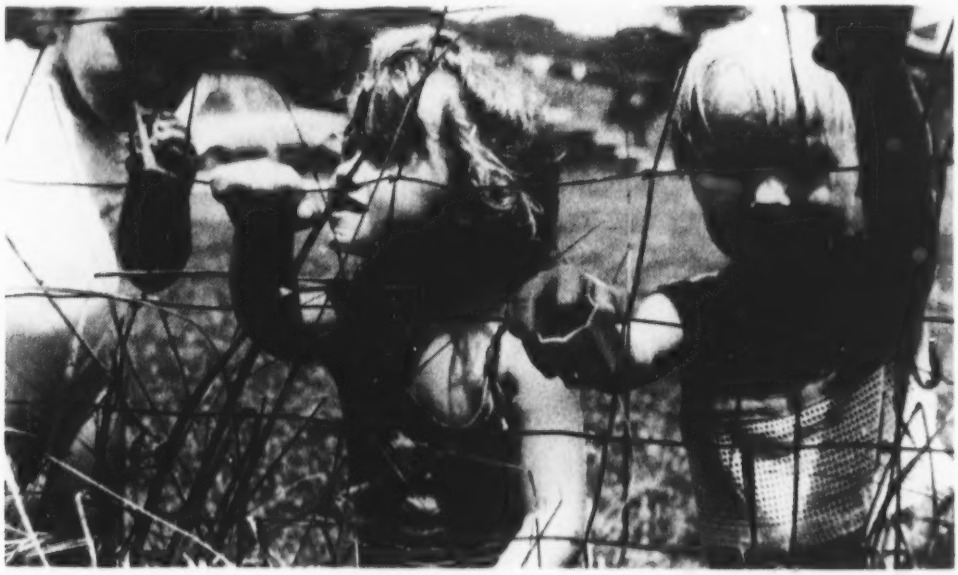
hygiene, or birth control methods when they became pregnant. Jefferies notes:

One female stated that she had no idea what she was doing because she never planned to become sexually active. When the MIHOW worker first came to see this respondent, she felt embarrassed to talk about "anything." The worker gave her some books to read about prenatal care, birth control, and infant care. This was the starting point of their conversations because she was able to learn appropriate language to discuss her body and its development. Through written materials and supportive



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dialogue, the girls reportedly felt comfortable asking the workers whatever they wanted to know or were just curious about. None of the participants reported ever having discussed physical development with a significant female in their families.

Another mother told her:

> My worker taught me how to take care of my body. She showed me how to brush my teeth a certain way. . . . And I did not have one single cavity and I took care of my body.

Degutis, who interviewed slightly older mothers in the mountain communities, noted the project's role in providing information on birth control. She quotes a participant from Kentucky:

> [MIHOW worker] gave me information on birth control and explained how each one of them worked. Then she said it was up to me to pick one but I'd better use something. . . just like a mama or somebody who cared about you.

Encouraging breast-feeding is part of MIHOW's prenatal agenda, although it is still not universally practiced. One West Virginia participant described how her mother discouraged her from breast-feeding:

> My mother bottle-fed all hers; she didn't want me to breast-feed. She kept telling me there were a lot of things wrong with it: that you could not eat what you wanted to eat, that you had to eat what the doctors told you to eat. She really didn't know anything about it herself, but her mom tried breast- feeding her, and there was something wrong with her milk and she almost died.

She reported that most of the women she interviewed would not have considered breast-feeding had it not been for the encouragement of their outreach workers.

> [Home Visitor] put the thought in my brain. He gets a lot of immunization from mother's milk that he doesn't get out of milk that you buy and give him. That put a real big weight on it. She said it is really convenient. . . . When I started breast-feeding him it felt very personal. I say that because when his father came over and I was breast-feeding him, I would go into another room. It's not like he's never seen them before, but there was something so personal about it that I felt wrapped up in my child and it was something he couldn't get into it. And, then again, I guess I didn't know just how much love was in him for me to share that with him. It was that personal.

In her summary report, Degutis concluded:

The majority of women try to breast-feed their babies; one continued for seven months and another for one year. Most of them indicate they would not have considered breast-feeding without the encouragement of their home visitor. They were previously unaware that breast milk provides immunity against diseases for young infants.

CHILDREN'S DEVELOPMENT

Several mothers noted their children's gains in verbal, reading, and social skills while participating in the program.

A Kentucky participant is hearing impaired, has epileptic seizures, and does not speak plainly. Her three-year-old daughter, who also has epilepsy, spoke like her mother prior to MIHOW intervention. Now the mother's speech has improved and the daughter is speaking normally. The worker explained that this may have resulted from her efforts to improve their literacy.

> [Mother] is reading to [daughter], I mean she shows her pictures, and from [her] she is trying to learn to read. So I took tapes and she got a little tape recorder that had, "This is the Apple Story. This is the A." That is how [daughter] learned to speak real plain, by listening to the tape.

An east Tennessee mother is delighted that her outreach workers have encouraged her daughter to read. She told the interviewer:

When they come they bring [daughter] a book. She loves books better than anything and it tickles her to death whenever she does get a book from anybody. Everybody knows she loves books so they are all the time bringing her some and it just tickles her to death. We will definitely encourage her to get an education.

Because they live in such isolated circumstances, children are sometimes insulated from contact with others. This causes some to become overly dependent on their mothers and other family members. Sometimes shyness and fear of separating from family is the result. MIHOW Toddlers Groups introduce children to other children outside their families; they have the opportunity to mingle with peers while their mothers meet in groups of their own.

TNT [Toddler group] helped him [child] out a lot. Whenever I first started taking him, he would cry and stick around me, but after going a little bit he got away from me and now he's talking more.

Insights Into Children's Behavior

While home visits provide a time for private conversation about parenting and children, group sessions and classes help parents learn from each other.

The Democratic Parenting class really helped me. Because, with the stress and frustration of dealing with children, it gave me better insight to understand that children are people too. You give them choices instead of demanding this and demanding that. Like I told [MIHOW worker] "That is kind of hard to put in effect." But it has been planted in there and it does make a difference. Now I give them choices, either this or that, sometimes at the top of my voice. But I still get it in there.

I learned about letting a child dress itself, helping but letting it do it theirself. I got a lot out of that. They come to read. . . the kids love it. I learned about discipline: whatever you say that's what you do, better to send him to his room than to hit him. I learned the strategy of buying a toy at the beginning of shopping to reduce conflict.

It [MIHOW program] has helped with my self-confidence. When we talked about how to deal with her [child's] temper tantrums it helped me. I could be a lot calmer about it. I could handle it better. It helps me to look ahead.

The way I've learned discipline is just that whatever you say, that's what you do. If you tell them you're going to send them to their room, to do it and let them stay.

Sometimes it's better to send them to their room than it is to spank them. I don't ever hit them with my hand. I take a little cane switch and go around their legs if needed. That would be an extreme measure. I prefer trying to do other things first.

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CONCLUSION

The MIHOW program had two general objectives. The first was to demonstrate that grassroots leaders could implement and maintain high quality child development services that were based in locally run community organizations. By encouraging community leaders to start and operate a child development service that relied on local talent and was relatively inexpensive, MIHOW also hoped to assure a long life for the intervention.

To help solve the complicated problems of the region in a long-term way, the project tried to focus community attention on children. It supported individual growth and development beginning before birth. Because so many people in the region are financially disadvantaged and have low levels of general health and vigor, waiting until a child reaches even first grade level to intervene might mean the loss of valuable opportunities.

The MIHOW project was to make good use of human talent. Recognizing that human ability goes untapped in communities with scarce educational and vocational resources, the project identified this talent and tried to nourish it. The intervention was built around women's community activism. Specific program elements were devised to identify women leaders, help focus their energy, and offer rewarding channels for its use.

The project served over five hundred women from 1982 through 1990. In this study, forty-six participants provided responses to open-ended questions. They represent a non-random sample of the program's participants, although they are not unlike their peers in the program on demographic measures. Sometimes respondents spoke confidentially in conversation with an evaluator. In other cases, the information came from focus groups where women discussed their lives and the program with other women like themselves.

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We hesitate to generalize about project participants based on these discussions. Their experiences with other family members, boyfriends, husbands, service providers, and community institutions may be unique. However we reviewed each of the evaluators' reports in relation to each other to identify common themes for discussion. The themes selected for examination in this study were consistent from woman to woman and site to site, except where noted.

Participant respondents tended to be positive in their descriptions of the project. They rarely shared serious criticism of the program even in these interview settings, where evaluators encouraged frank discussion. On a personal level, the issues of surviving poverty, the search for work, isolation, loneliness, and love of children pervade the report. This is because they emerged again and again, and not only from the participants. Staff also returned to these themes frequently as they reflected on their own lives and the lives of the women with whom they worked.

Respondents, staff, and evaluators each looked at the MIHOW project from a different perspective. As they examined the project, many of them articulated wishes and concerns that had developed over years of participation as staff, family members, or evaluators. In this section we identify their recommendations as well as ours.

RECOMMENDATIONS

RELATIONSHIPS

Relationships between mothers and workers are critically important to participants' satisfaction with the project. The workers and mothers who participated in the study shared similar histories and many of the same problems. The study revealed other elements of the relationship as well. Workers' confidentiality was important to mothers, as was their non-authoritarian style of offering advice.

The project should examine and come to understand this relationship more fully. Programmatic emphasis on the relationship should be increased. Workers should be helped to understand the importance of the relationship. Site and central training events should help workers understand and enhance these key relationships.

Participants depend on workers for education, assistance in crisis and in managing the welfare sustem, as well as for emotional support and friendship. Participants often telephone workers at home after work hours. Although most workers have developed methods for dealing with participants' dependency, the situation should be monitored to avoid the possibility of worker burnout. Supervisors should help workers put appropriate limits on the time and psychic energy they devote to the project.

Many of the issues that the program addresses–unplanned pregnancies, adolescent parenting, family relationships–cause stress for more than one family member. Dr. Jefferies suggests that the program consider developing supportive services to assist these other family members in coping with the stress of family changes.

Since successful outcomes depend on the worker's positive relationship with more than one family member, attention should be given to fathers, boyfriends and grandmothers so that they feel more involved in the program. Dr. Jefferies noted that mothers of participants have a great impact on the young mothers' self-esteem, especially during the first pregnancy. Strategies could be developed to engage the grandmother in program activities.

Several sites have begun promising efforts to involve men, but many fathers are still not deeply involved in parenting. Programmatic approaches that encourage a nurturing parenting role for fathers should be designed. Successful fathers should be encouraged to serve as role models for younger men.

EDUCATION AND WORK

The search for work was another dominant theme in discussions with program participants. In addition to assistance in planning for their futures, women and men could benefit from help in exploring different career options and alternatives to dead end jobs.

Participants and workers count on education as the route to a good job and a brighter future, yet the local school systems are seriously deficient in providing even the rudiments of quality education. The program's training and education component should be continued and strengthened. Possibilities for offering additional training and coursework to mothers and local staff should be explored.

The program should help women formulate personal time frames and intermediate objectives that will lead to accomplishing their long-term goals. Programmatic activities should operationalize the goals participants set for themselves as they gain parenting skills and general self-confidence. Dr. Mergenhagen suggested a program of life planning for women.

Because life planning is so difficult for people working hard just to survive, specific steps could be identified. Group social events for fun and programs that benefit children seem to be the best motivators for mothers to try something new. From these early ventures a series of success steps could be identified for particular communities, based on available opportunities.

To give an example of the success step approach, we will use the Dungannon, Virginia, site. Once a mother has become comfortable with participating in MIHOW groups, she could be encouraged to take the following steps, if appropriate to her needs:

1. Participate in Project READ [literacy].

2. Earn a Graduate Equivalency Diploma through Dungannon's GED program.

3. Enroll in college classes through the Dungannon Development Commission.

4. Serve as a volunteer tutor at Project READ.

5. Speak to her children's school principal as part of an advocacy project.

6. Write a letter to the newspaper editor about an issue within the school system.

OTHER PROGRAMMATIC ADDITIONS

Participants were grateful for workers' assistance in dealing with social service agencies, especially Medicaid. Since the families find these systems complex and unfriendly, a systematic method of offering information, guidance, and assertiveness training for all members of the community could be considered as a new program component. Mergenhagen pointed out that confrontations with the welfare bureaucracy often turn out favorably for the project participant. For this reason, strategies that help women and families represent themselves convincingly to service brokers may bolster their self-esteem and feelings of empowerment.

When asked what they would like to see added to the program, the most common response from participants was the need for a fund to purchase baby articles like cribs and car seats. One site developed a newsletter to help women share what they had with each other. Other techniques for providing the expensive but necessary baby care items to impoverished families need to be developed.

We learned that the focus group approach to gathering data was very well received by the group members, and many suggested that it should become a regular part of the services offered to participants. Jefferies noted that the

women enjoyed the personal sharing with others about their life experiences. She suggests that additional group meetings for workers as well as program participants would reduce the pressure on MIHOW workers and foster new friendships among participants.

The report reveals that when parents talk with each other, they find mutual support and new information. Struggling to provide their children with all they need, the parents in the study took time to talk with us, too. They gave the evaluators some important insights into rural American poverty and its effect on families. Overall, what they told us is hopeful. If the basic resources can be provided to families like these, their children will grow up to return the favor to society at large.

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APPENDIX

STUDY QUESTIONS

1. Parent empowerment/parent support

Do groups and home visits reduce isolation, improve self-esteem, create openness to new ideas? Do the program activities enable clients to see themselves as having more power/ability/confidence in parenting? Do they identify themselves as the first teacher of their children? How does self-esteem of client affect program? How is it affected by the program? Are clients' proud of their parenting?

2. Paraprofessionals providing family support services

Explore the nature of the relationship between the home visitor and the client. What are the rules of the relationship between client and home visitor? What is special, unique about it? Is it a burden for either party? How does it compare to and interact with other key relationships in clients lives? Explore issues of dependency raised by home visitors and efforts at enabling (helping vs. helping to help themselves). How do home visitors use their relationship with clients strategically?

3. Mother-child focus

What does the program do for other family members? How do fathers view the program? How are fathers involved in parenting choices? How does the program's focus on mothers facilitate or inhibit the process of improving parenting practices?

4. The community context

How do lack of work and other opportunities for men and women effect parenting choices or efforts to improve parenting practices? What are the stresses and strengths of the families we work with? The communities we work in?

5. Parenting choices in repeat pregnancy

What is the thinking around the second pregnancy? What factors influence that choice?

6. Empowering the home visiting staff

How do home visitors feel about the big role they play in clients lives? What about their work do they take pride in? How does this compare to other work and life experiences?

The Maternal Infant Health Outreach Worker Project